TECHNICAL EXHIBIT 30 JOB SPECIFICATION SAMPLE

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1. REQUISITION NUMBER:	2. DATE OF REQUEST:	3. COMPLETE DEL. REO'D BY:	ให้เรียกับกับ	IF OTHER S IOR	G & REPR. DIV. USE ONLY		
	17 May 2000	19 May 2000	THAN UNCLASE FI	,	NUMBER:		
4. REQUESTED BY:	SAMBOL	COST PHOME CENTER EXT.	7. CHARGE TO:	112440013	0.0.000		
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516 2	BECKY LAY	AMSOS-MAP-Q	MAPOØ	350 61	Pôle th SE/G26		
JURAN INSTITUTE	JURAN INSTITUTE, QUALITY IMPORVEMENT TOOLS, DESK GUIDE						
12. REPRODUCTION SERVICE	E(S) DESIRED:	(*ON THESE ITEMS, LIST DRAWN	IS NUMBERS BELOWIN B	LOCK NO. 17)			
OFFSET COPY PRINT	S VUGRAPHS	APER. CARD HARD COPIES	TYPESETTING		IDERY		
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XEROGRAPHY COPIES	DITTO	-+SEPIA REPRODUCIBLES					
13. SIZE (QVERALL SHEET SI	Z E)	14. PAPER TYPE	COL	LOR IS. ASS	EMBLE: (COLLATE)		
SAME		BOND	WHITE		es W Ho		
16. SPECIFICATIONS: PRINTING	MARGINS	PUNCHING	STITCHING (STA	API ING	PADDING:		
FACE OHLY		3 NO. OF HOLES	NO OF S	•	SHEETS IN PAD		
BOOK STYLE	BINDING (LEFT)	SAME "DIAM. OF HOLES	TOP LEFT CORN	ER	SETS IN PAD		
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PLEASE MAKE TABS, ANY COLOR FOR TABS IS FINE.							
THANK YOU!!					·		
PEEASE	RUSH FOR FRIDAY, 1	9 MAY 2000.					
OKAYED	PER ,	17 MAY 2000.		•			
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J	OVAL SIGNATURE OF ORIGINATO CERTIFICATION	Sig	NATURE FOR CERTIF	FICATION & APPRO	VAL		
B. THAT THE ILLUSTRATIONS. B. THAT THE ILLUSTRATIONS RELATE ENTIRELY TO THE C. THAT THIS WORK IS AUTHOR	RIZED BY REGULATIONS AND IS NECE	ESSARY AND					
THE CONDUCT OF OFFICIAL	Business.		HOTEL PACHTLE SON		EPTABLE)		
19. PLATEMAKER	DATE 20. PRESSMAN		21. COLLATOR		DATE 22. DATE RECEIVED:		
23. SPECIAL PRINTING/REPR	ODUCTION INSTRUCTIONS:		•				
24. TYPE OF REPRODUCTION:	25, PRIORITY,		16. DATE PROMISED:				
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27. PRINTING/REPRODUCTION CO	NTROL ACTION: 28. SIGNATURE	OF PRINTING/REPRODUCTION CO	NTROL OFFICER & D	ATE:			
	DISAPPROYED						

SMCRI FORM 2023, 1 OCT 84

(REPLACES SARRI FORM 2023, 1 JUL 77, WHICH MAY BE USED.)

DPSDBO I	BC LOCAL	DUPLICATING S	ERVICE	1. DATE OF REQUEST		REQUIRED	3. JOB NUMBER /30 0000 Z
			PART A	-REQUEST			
4. REQUESTING OFFIC	E			6. DELIVERY INSTRUC	TIONS		
e. DRGANIZATION		b. BUILDING	a. ROOM NO.	a. DELIVER TO	Ά	<i>t</i>	
DRMS-TA)	2	-2-66				
. FOR REFERENCE CO		(2) Teleph	one Number	b. PERSON TO CALL N	F TO BE PICKE	O UP	(2) Telephone Number
(1) Name	ONGOLI.			(1) Name			}
	OB AP	ROPRIATION CHARGE	ARIE	<u> </u>			
b. TITLE, FORM NOT.	erc. Bontra		c. CLASSIF		d. NO. OF ORIGINALS	e. NO. OF COPIES EACH	f. DISPOSITION OF ORIGINALS Return Destroy
	7. SPECIFICATIONS (X and complete all that apply)						
		IT ne	Head to Foot	7	d. PAPER White	Other (Specify)	
I. COJLATE B. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.)							
☑ Yee							
□ No □ No							
8. REQUESTER CERTIFICATION. I certify that this work is authorized by regulations and is necessary to the conduct of official business.							
a. PRINTED NAME OF REQUESTER b. SIGNATURE OF RECOVESTER c. SIGNATURE OF PRINTING CONTROL OFFICIAL							
FART B - APPROVAL (For exproduction unit use only)							
O. DATE RECEIVED 10. PE	41 1	RATOR 12.5	COMPLETED		QUESTER	E. JOB RECEIVED BY	14. DATE REQUESTER NOTIFIED JOB IS COMPLETE
DPSDB0 BC FORM 1							

PRINTING REQUEST							
	NAME .	PHONE					
DEFENSE LOGISTICS ACENCY	PUBLICATION TITLE	DodFAR					
\triangle \triangle \triangle \triangle \triangle	C ACTIVITY: X DFAS-IN	ACTIVITY: TO DEAS-IN (ORG CODE /N-T) DEAS-HQ-DET					
		WRSC ISO OTHER					
	TODAY'S DATE 5-9-	DUE DATE 5-900 Estimate Required					
FUNDS AUTHORIZED BY PHONE PHONE							
1/34 PAGES 5 COPIES ORIGINALS 1 SIDED PRINT 1 SIDED COLLATE YES							
PAPER	BINDING	ADDITIONAL INSTRUCTIONS					
SIZE S/2 x]]	☐ LOOSE	202 - 5670					
COLORED BOND	☐ STAPLE UPPER LEFT	271-101WZDZ-2835					
COLOR	STAPLE 2 LEFT SIDE	259 240					
COVER STOCK	ACCO FASTENER	2525					
☐ CARBONLESS	☐ PLASTIC SPIRAL						
OTHER White	☐ PAD	\$19					
DAPS-IN 5600/2 (01-99) tsm	3 HOLE PUNCH	DAPS OPERATORS INITIALS & DATE COMPLETED					
We appreciate your business!							

PRINTING REQUEST							
	NAME .	PHONE					
DIFFENSE LOGISTICS AGENCY	PUBLICATION TITLE	TRESS MASTERY: A RERSONAL.					
\triangle \triangle \triangle \triangle	C ACTIVITY: DFAS-II	N (ORG.CODE SEE BELOW) DEFASHO-DET					
	PSO/CSU PS	(300)					
	TODAY'S DATE _5//	TODAY'S DATE 5/16/00 DUE DATE COB 5/18/00 X Estimate					
FUNDS AUTHORIZE	D BY	PHONE PHONE					
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PLANT OF PRINTED STORY	2 8	SIDED NO					
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	We appreciat	e your business!					